- Early detection and appropriate management of Acute Respiratory Infections and other infections
- Navjaat Shishu Suraksha Karyakram (NSSK), a programme for Basic newborn care and resuscitation
- Infant and young child feeding
- Immunization
- Vitamin A supplementation and Iron and Folic Acid supplementation.

Eradication of Kala-Azar

2068. PROF. ALKA BALRAM KSHATRIYA:
SHRI ISHWAR SINGH:
SHRI MAHENDRA MOHAN:
DR. JANARDHAN WAGHMARE:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has assessed the number of people suffering from Kala- Azar in the country;

(b) if so, the details thereof;

(c) whether Kala-Azar is affecting more and more people in the country and Indian Council of Medical Research (ICMR) have not taken any effective step to check its spread;

(d) if so, whether the target to eliminate Kala-Azar has not been achieved so far; and

(e) if so, the plans at the national level formulated by Government to eliminate Kala-Azar disease within a time-frame?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DINESH TRIVEDI): (a) and (b) Yes, Government of India regularly collects information about the number of people suffering from Kala-Azar in the country. The cases of Kala-Azar reported in the last five years are given below:

Year	No. of reported cases
2005	32,803
2006	39,178
2007	44,533
2008	33,234
2009 (upto October)	20,691

(c) No, The number of Kala-Azar cases are declining since 2007, as indicated in table in reply to (a) and (b) above.

India Council of Medical Research (ICMR) and its institution *viz.* Rajendra Memorial Research Institute of Medical Sciences (RMRIMS), Patna are taking effective steps to check the

spread of Kala-Azar by carrying out research activities for elimination of the disease in respect of epidemiological aspects as well as diagnosis, treatment and vector control. However, the Directorate of NVBDCP under the Directorate General of Health Services, Ministry of Health and Family Welfare, deals with all vector-borne diseases including Kala-Azar in the country and is the national level technical and nodal point for developing strategies and guidelines, to guide the States for Kala-Azar elimination. Research related inputs provided by RMRIMS are used by NVBDCP in evolving strategies and guidelines for Kala-Azar elimination.

(d) and (e) The National Health Policy (2002) envisages the elimination of Kala-Azar (*i.e.* to reduce the number of cases to less than 1 per 10,000 population at sub-district level) by 2010. Kala-Azar elimination is an integral component of the programme on vector-borne diseases. The main strategies for Kala-Azar elimination are-

(i) Early case Detection and Completed Treatment (EDCT).

(ii) Vector Control with DDT spray.

(iii) Information, Education and Communication (IEC) for community awareness specially during pre-spray activities.

Besides, source reduction of vector is being done by constructing pucca houses for Mushar Community with assistance from Ministry of Rural Development.

Non-availability of doctors and paramedics

2069. PROF. ALKA BALRAM KSHATRIYA:
DR. JANARDHAN WAGHMARE:
SHRI ISHWAR SINGH:
SHRI MAHENDRA MOHAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the National Rural Health Mission (NHRM) in its recent report has found that nearly 80 per cent of the country's total primary health centres, the doctors or para-medical staff do not exist;

(b) if so, the details thereof;

(c) whether Government is also aware that the condition of such primary health centres is appalling and no concrete steps are taken to set them right; and

(d) if so, the details of the plans formulated by Government to ensure availability of doctors and para-medical staff at primary health centres?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) No. Out of a total of 23458 functioning across the nation, only 2533 PHCs are functioning without a regular doctor, 7617 PHCs are functioning without lab technician, 3279 PHCs are functioning without pharmacists as on March, 2008.

(d) Human resource engagement is a major thrust area under NRHM and is a priority being pursued with the States. The various initiatives include contractual engagement of health